FORM 26. Docketing Statement

FO	ED STATES COURT OF APPEALS OR THE FEDERAL CIRCUIT	
	No	
	V.	
DO	CKETING STATEMENT	
14 days of the date of doo	t must be completed by all counsel and filed with the court veketing. When the United States or its officer or agency is a must be completed by all counsel and filed with the court with	party
	estions must be answered or the statement will be rejected.	
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days of docketing. All qu	estions must be answered or the statement will be rejected.  present	
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## FORM 26. Docketing Statement (continued)

	☐ Final Judgment, 28 USC 1295			
	☐ Rule 54(b)			
	☐ Interlocutory Order (specify type)			
	Other (explain; see Fed. Cir. R. 28(a)(5))			
	e and docket number of any related cases pending before ng judge if an opinion was issued	-		
Brief	statement of the issues to be raised on appeal			
Brief	statement of the issues to be raised on appeal			
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	statement of the issues to be raised on appeal there been discussions with other parties relating to set			
			s case?	
Have		ttlement of this	s case?	
Have	there been discussions with other parties relating to set	ttlement of this	s case?	
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Have	there been discussions with other parties relating to set es," when were the last such discussions?  Before the case was filed below?  During the pendency of the case below?	ttlement of this	s case?	

## FORM 26. Docketing Statement (continued)

If you answered no, explain why not	Do you believe that this case may be amenable	to mediation?
I certify that I filed an original and one copy of this Docketing Statement with the Clerk of the United States Court of Appeals for the Federal Circuit and served a copy on counsel of record, this day of by: (manner of service)  Name of Counsel Signature of Counsel  Law Firm Address City, State, ZIP Telephone Number FAX Number	If you answered no, explain why not	
I certify that I filed an original and one copy of this Docketing Statement with the Clerk of the United States Court of Appeals for the Federal Circuit and served a copy on counsel of record, this day of by: (manner of service)  Name of Counsel Signature of Counsel  Law Firm Address City, State, ZIP Telephone Number FAX Number		
I certify that I filed an original and one copy of this Docketing Statement with the Clerk of the United States Court of Appeals for the Federal Circuit and served a copy on counsel of record, this day of by: (manner of service)  Name of Counsel Signature of Counsel  Law Firm Address City, State, ZIP Telephone Number FAX Number		
I certify that I filed an original and one copy of this Docketing Statement with the Clerk of the United States Court of Appeals for the Federal Circuit and served a copy on counsel of record, this day of,	•	
Name of Counsel  Signature of Counsel  Law Firm  Address  City, State, ZIP  Telephone Number  FAX Number	I certify that I filed an original and one copy of the United States Court of Appeals for the Fede	f this Docketing Statement with the Clerk of eral Circuit and served a copy on counsel of
Name of Counsel  Signature of Counsel  Law Firm Address City, State, ZIP Telephone Number FAX Number		
Law Firm  Address  City, State, ZIP  Telephone Number  FAX Number	(manner of	service)
Law Firm  Address  City, State, ZIP  Telephone Number  FAX Number		
Address  City, State, ZIP  Telephone Number  FAX Number		
Address  City, State, ZIP  Telephone Number  FAX Number	Name of Counsel	Signature of Counsel
Telephone Number  FAX Number		
Telephone Number  FAX Number	Law Firm	
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